



**Prince George's County Alumnae Chapter
Delta Sigma Theta Sorority, Incorporated
Youth Group Student Application Form
2020-2021**

Student Contact Information:

Student's Name: _____

Date of Birth: _____ Age: _____

School: _____

Grade Level: _____ Last Grade Point Average: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____ Home Number: _____

E-mail Address: _____

Which PGCAC Youth Group Are You Applying For:

Dr. Betty Shabazz Delta Academy (*Females - Grades 6-8*)

Delta GEMS (*Females - Grades 9-12*)

EMBODI (*Males - Grades 8-12*)

Parent(s)/Guardian(s) Contact Information:

Name: _____

Cell Number: _____

E-mail Address: _____

Name: _____

Cell Number: _____

E-mail Address: _____



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Student Information:

1. Favorite school subjects:

2. List extracurricular activities (including school, community or church activities):

3. Hobbies/Talents:

4. What are your plans/goals after high school?

5. Are you a previous Youth Group participant? _____ YES _____ NO

6. Have you ever participated in a mentoring program(s)? _____ YES _____ NO
If so, please give the name of the program(s):

7. How did you hear about our Youth Programs?



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8. List suggested topics that you would like to discuss this year:

a. _____

b. _____

9. List activities or community service projects you would like to participate in this year:

a. _____

b. _____

All Dr. Betty Shabazz Delta Academy and Delta GEMS participants must answer the essay topic below. The essay must be legibly hand-written (*do not use pencil*) or typed and submitted along with your application. Your essay must be between 150 and 200 words in length.

1. Describe why you want to participate in the Prince George's County Alumnae Chapter's Youth Program, and what experiences would you like to gain by participating. *Note: Please remember to state which program you are applying for.*



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Short Essay (150 – 200 Words)



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Application Submission

All applications must be completed, signed and submitted, along with a 3x5 photo, no later than **August 31, 2020** to the following e-mail address:

Dr. Betty Shabazz Delta Academy: *Bettyshabazz@pgcacdst.org*

Delta GEMS: *Deltagems@pgcacdst.org*

EMBODI: *EMBODI@pgcacdst.org*

Please note: If you are selected for the program, you and your parent MUST attend the Kick-off/Orientation session. Notification of acceptance will come through e-mail.

By my signature below, I hereby verify that the above information is accurate.
(YOU MUST SIGN and DATE this application.)

Student Signature

Date

Parent/Guardian Signature

Date

For official use only:

Date Received: